

FSHP Research and Education Foundation

2020 Paul Magalian Student Scholarship Award Application

Purpose: To provide recognition to pharmacy students who have an outstanding record of accomplishment and service to the profession of pharmacy.

Selection Criteria:

- All applicants must be enrolled in their 3rd professional year for the 2019-2020 school year (scheduled to graduate 2021) of any Florida College of Pharmacy.
 - Applicants should have worked or volunteered in a hospital pharmacy or other health-system pharmacy, prior to, or while attending pharmacy school.
 - Applicants should be a member of the Florida Society of Health-System Pharmacists
 - The qualifications of the candidate should be supported by evidence of his/her outstanding accomplishments as judged by the following professional activities:
 - **Overall Grade Point Average (G.P.A.):** The individual should demonstrate high academic achievement.
 - **Professional Affiliations:** The nominee should be active in community and/or professional organizations.
 - The nominee should have served as an elected officer and/or held a leadership role of a student national, state, regional or local pharmacy organization chapter;
 - The nominee should have served as a member of a committee, council, board, advisory group, task force or ad hoc group of an institution, pharmacy organization and/or community organizations.
 - **Pharmacy Practice:** The nominee should demonstrate an interest in hospital or health-system pharmacy practice.
 - **Professional and/or Community Service:** The nominee should demonstrate an involvement in community or professional services (e.g., Big Brother, Big Sister, volunteer organizations, etc.)
-

APPLICATIONS DUE JUNE 17, 2020

Florida Society of Health-System Pharmacists
Return applications to:
FSHP, 2910 Kerry Forest Parkway D4, Suite 376 Tallahassee, FL 32309
Or to tamekia@fshp.org

AWARD APPLICATION FORM

Applicant Name: _____

Mailing Address: _____

Telephone: Home: _____

Cell: _____

E-mail address: _____

Pharmacy School: _____

Anticipated Year of Graduation: _____

Grade Point Average (**must** include copy of last grade report received): _____

References (Instructor, Employer, or Personal):

Please attach 2 letters of recommendation

General Instructions: Please complete all sections that apply in a concise manner, listing entries in reverse chronology. Remember that your responses to this survey tool will be utilized by the Awards Selection Committee in the selection of the final recipient for FSHP student scholarship award. Please use a separate sheet of paper for your responses.

- Employment History** (Pharmacy related)-include volunteer positions
- Training** (list any special training, research, and experiential training)
- Other Professional Organizational/Academic Activities** (state, local, national, etc.-include leadership activities)
- Community Service Activities**
- Presentations/Publications/Research** (list citation)